

VCR-8

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICATION OF

WRIGHT ET AL.

SERIAL NO.: 316,203 ✓

FILED : OCTOBER 29, 1981

FOR : VALVE HOLDER FOR
TRICUSPID HEART VALVE)

GROUP : 332

EXAMINER: FRINKS

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Commissioner of Patents and Trademarks
Washington, D. C. 20231

I hereby certify that this correspondence is being
deposited with the United States Postal Service as
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sioner of Patents and Trademarks, Washington, D. C.

20231, on December 17, 1984

(Date of Deposit)

Wayne R. Eberhardt

Name of applicant, assignee, or
Registered Representative

WREberhardt

(Signature)

December 17, 1984

(Date of Signature)

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1291 DEC 28 PM 3 00
PATENT & TRADEMARK
OFFICE
WASHINGTON, D.C.

AMENDMENT

Dear Sir:

Responsive to the Office Action dated November 15, 1984,
please amend the above-identified application as follows:

In the Claims:

Please add the following new claims 29-33.

29. An assembly comprising:

B' 37 CFR 1.603
POB10 12/24/84 316203
POB11 12/24/84 316203

10-0750 2 102
10-0750 2 103

150.00CH
50.00CH



VCR 8

In re application of WRIGHT ET AL.

Serial No. 316,203

Filed October 29, 1981

For VALVE HOLDER FOR TRICUSPID HEART VALVE

THE COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is enclosed because this application was filed prior to October 25, 1965 (effective date of Public Law 89-83.)
- ☐ No additional fee is required.
- ☐ Petition For Extension of Time and charge to Deposit Account of Appropriate Fee.

The fee has been calculated as shown below.

CLAIMS AS AMENDED							(7)
(1)	(2)	(3)	(4)	(5)	(6)		ADDITIONAL FEE
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		
TOTAL CLAIMS	33	MINUS	28	= 5	X \$10	X	\$50.00
INDEP. CLAIMS	12	MINUS	7	= 5	X \$30	X	\$150.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT							\$200.00

*If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ A check in the amount of \$ _____ is attached.
- ☒ Charge \$ 200.00 to Deposit Account No. 10-750. A duplicate copy of this sheet is enclosed.
- X Please charge any additional fees or credit overpayment to Deposit Account No. 10-750. A duplicate copy of this sheet is enclosed.

J & J FORM 37-200 NEW 8/78

Attorney of Record
Wayne R. Eberhardt
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New Brunswick, NJ 08933-7003
(201) 524-5524
December 17, 1984RECEIVED
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